

Request for Qualifying Course Acceptance

Email completed form to education@talcb.texas.gov

App #	File #	Entity #	Course #
		TE ABOVE THIS LINE	
1. Provider Information:			
Qualifying Education (QE) Provider Name			Provider License #
2. Primary Contact Informa	ation:		
Name of Primary Contac	t Person		
Email Address		Phone Number	
3. Course Information:			
Number of Credit Hours			
Select <u>one</u> course tit	le:		
Basic Appraisal Principles		General Appraiser Market Analysis and Highest and Best Use	
Basic Appraisal Procedures		General Appraiser Site Valuation and Cost Approach	
Residential Market Analysis and Highest and Best Use		General Appraiser Sales Comparison Approaches	
Residential Appraiser Site Valuation and Cost Approach		General Appraiser Sales Income Approaches	
Residential Sales Comparison and Income Approaches		General Appraiser Report Writing and Case Studies	
Residential Report Writing and Case Studies		Statistics, Modeling and Finance	
Advanced Residential Applications and Case Studies		15-Hour National USPAP or Equivalent	
Appraisal Subject Ma	tter Electives*		
*Appraisal Subject Matte	er Electives Course Title		

4. Delivery Method:			
Classroom Distance Education			
Live In Person			
Live Online			
5. Distance Education:			
Distance education courses must be certified by an AQB approved distance education certification organization.			
A copy of the certification is included with this application.			
6. The application must include the following:			
AQB Course Approval Letter			
AQB Course Matrix			
Sample of Course Completion Certificate			
Timed Course Outline			
15-Hour USPAP Course or Equivalent include the following in addition to above documents:			
Copy of Instructor USPAP Certification			
I certify that the above described course complies with the curriculum content requirements imposed by the Appraiser Qualifications Board. I further understand that any final determination as to the acceptability of this course as meeting a candidate's educational requirements may be made by the staff of the Appraisal Subcommittee at the time it conducts an audit of the TALCB.			
Name of Primary Contact Person Signature of Primary Contact Person Date			